

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					-
2		/				
3	/					
4	/					
5	/					
6		/				
7	/					
8		/				
9	/					
10	/					
11		/				
12	/					
13	/					
14		/				
15	/					
16	/					
17		/				
18		/				
19	/					
20		/				
21		/				
22		/				
23		/				
24		/				
25	/					
26		/				
27		/				
28		/				
29		/				
30	/					
31		/				
32		/				
33	/					
34		/				
35		/				
36	/					
37		/				
38		/				
39	/					
40		/				
41		/				
42	/					
43	/					
44		/				
45		/				
46	/					
47	/					
48						
49						
50						
TOTAL IND.	13		↓			↓
TOTAL DEP.	34		←	←	←	←
TOTAL CLAIMS	47					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓			↓
TOTAL DEP.			←	←	←	←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS